

RED FLAGS

Chest Pain

- Large Ant.M.I:hypotension,pulmonary edema,or oliguria.
- Pulmonary Embolism:Tachycardia,tachypnea,hypoxia
- M.I:ST segment elevation or new LBBB
- Ruptured papillary muscle:New systolic mitral murmur.
- Aortic dissection:Mediastinal widening CXR
- Cocaine abuse:Arrhythmia&or chest pain in younger pt.

DVT

- Dyspnea, tachypnea
- Chest pain
- Syncope
- Hypotension, pulmonary edema, cyanosis
- Fever

DM hyperglycemic crisis

- DKA:
 - *Rapid onset <24h | mild deh.
 - *N/V | rapid/deep breath
 - *Abdominal pain | fruity swelling breath
 - *Malaise
 - *type 1
- *HHS :
 - *Gradual onset | more severe deh.
 - *mental status changes=coma
 - *type 2

Thyroid Nodule

strong

- Clinical Hx:
 - *Family Hx of medullary thyroid CA or MEN.
 - *Rapid growth of nodule.
- *Physical exam:
 - *Firm or hard nodule
 - *Nodule fixed
 - *Paralysis of vocal cords
 - *LAP

Thyroid Nodule

moderate

- Clinical Hx:
 - *Male sex
 - *pt age less than 20/older than 65
 - *Previous radiation to the head or neck
- Physical Exam:
 - *Nodule greater than 4cm or partially cystic
 - *Symptoms suggesting compression (dysphagia/hoarseness/dyspnea)

High Risk of Serious Nutritional Problems

- Weight loss of $>5\%$ in 1 month/ 7.5% in 3 month/ 10% in 6 month
- Weight loss or gain associated with other systemic symptoms
- History of upper gastrointestinal surgery or disease.

Sore Throat

- Peritonsillar abscess: Hot-potato voice/toxic appearance/altered mental status.
- EMN with increased risk of splenic rupture: Splenic enlargement
- Respiratory compromise: increased resp. rate/enlarged tonsils/cervical LAP.

Abdominal and pelvic pain devami

- Examination
 - *shock :perforation or rupture with intraabdominal hemorrhage or peritonitis severe pancreatitis
 - *Distention: Bowel obst., ileus, volvulus, toxic megacolon, bowel ischemia, abdom. aortic aneurysm, ascites
 - *Focal peritoneal signs: Appendicitis, diverticulitis, cholecystitis, chol angitis, abscess, PID, pancreatitis

Elevated LFT

- Abdominal pain
- Elevation of other markers of liver function
- Hematemesis
- Rectal bleeding
- Signs of advanced liver failure:
 - *spider angiomas
 - *lower extremity edema
 - *CHF
 - *HJR

Dyspepsia

- Cancer: unexplained weight loss/anorexia/dysphagia/melena/anemia/heme+ stool/long standing reflux symptoms.
- Bleeding ulcer: Hematemesis/melena/hematochezia/heme+ stool/orthostatic hypotention/shock/anemia
- Obstruction: Dysphagia/odynophagia/early satiety/recurrent vomiting/weight loss.
- Perforated ulcer: Sudden onset of severe abdm. Pain right/peritoneal signs/shock

Dyspepsia

- Weight loss
- Persistent vomiting
- Dysphagia
- Anemia
- Bleeding (hematemesis, hematochezia, melana)
- Nighttime awakening
- Fever

Risk Factors for Severe Acute Lower GI Bleeding

- *HR \geq 100 beats/minute
- *Systolic BP \leq 115
- *Syncope
- *nontender abdominal examination
- *bleeding per rectum during first 4h of evaluation
- *Aspirine use
- *More than 2 active comorbid conditions(HF,IHD,Renal F,LF,cancer)

ALGIB Interpretation

- * ≥ 3 risk factors: high (approximately 80%) risk of severe bleeding
- *1-3 risk factors: moderate (approximately 45%) risk of severe bleeding
- *0 risk factors: low (approximately $< 10\%$) risk of severe bleeding

Breast Cancer

- Pain: Unilateral/noncyclic.
- Nipple discharge: Unilateral
watery, serous, serosanguineous, bloody.
single duct
- *Breast Mass: Unilateral/hard, immobile/noncystic
- *History: Postmenopausal
Personal Hx of breast Ca
Family Hx of breast Ca

Complicated UTI

- Male gender
- Prepubertal or geriatric age
- Symptoms for more than 7 days
- An immunosuppressing condition
- An episode of acute pyelonephritis within the past year
- Known anatomic abnormality
- D.M
- Fever
- Flank pain or tenderness

Pelvic Pain or Abnormal uterine Bleeding

- *Uterine cancer: any vaginal bleeding in postmenopausal W or intermenstrual bleeding in a perimenopausal W, >5mm of thickness of endometrium on transvaginal U/S, palpable pelvic mass, or endometrial cells on Pap smear
- *Ectopic pregnancy: amenore+unilateral pelvic pain+vaginal bleeding, may have adnexal fullness palpated on pelvic exam.

Pelvic pain devami

- * Missed or threatened abortion: amenore + severe pelvic cramping/pain & vaginal bleeding
- * PID: Fever + purulent vag. Discharge + abd. vag. Pain + trnderness + malaise + septic appearance
- * Tubo-ovarian abscess: same of above without discharge

Criteria for hospitalization pt. with PID

- *Nonresponse to oral therapy
- *Pt. is pregnant
- *Severe illness such as N/V/^fever
- *Surgical emergencies cannot be excluded
- *Tubo-ovarian abscess present
- *Unable to follow or tolerate outpatient oral regimen

Low Back Pain

- General: Failure to improve after 4-6w
Night pain/pain at rest
Progressive motor sensory deficit
- *Cancer: Age >50
Hx of CA
Unexplained weight loss
- *Infection: IV drug use
Recent UTI or skin inf.
Immunosuppression
Fever or chills
- *Fracture: Age >50
Hx of osteoporosis
Chronic oral steroid use
Substance abuse
Trauma

Back Pain

- Bowel or bladder incontinence
- Anesthesia(saddle)
- Constitutional symptoms/malignancy
- Chronic disease
- Paresthesias Numbness
- Age > 50
- Iv drug use
- Neuromotor deficits
- Not relieve pain with rest or drug or at night
- Osteoporosis femal or CS drug use

Sec. Headache

RUPTURED Aneurysm

1-Sudden onset severe

headache”thunderclap”headache

2-worst headache of my life

3-Headache first occurring with exercise

*New onset HA after age 50> Arteritis,intercranial mass

*HA with fever,stiff neck or other systemic signs> Meningitis,encephalitis

*HA with hx of trauma> Subdural hematoma

*HA with focal neurologic signs or symptoms,or papilledema> Tm,subdural hematoma,epidural bleed

*Similar,new-onset of HA in an acquaintance or family member> Environmental exposure such as Carbon Monoxide